

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

Findings of Abuse, Neglect, Misappropriation

Nurse Aide Level I or II:

Listing Number:

Full Name:

Address:

Social Security Number:

Date of Birth:

Training Program Number:

Date of Competency Test:

Date Listing Expires:

Last Place Worked:

Date Last Employed:

Employment Setting:

Competency Test Number:

Remain on Registry: yes or no

TN No. 92-08

Supersedes

TN No. NEW

Approval Date

MAR 27 1992

Effective Date

1/1/92

HCFA ID:

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COLLECTION OF ADDITIONAL REGISTRY INFORMATION

Information in Data Base for Abuse Registry

Incident Date:

Date Charged:

Status of Investigation:

Incident location:

Nature of allegation:

Brief description of evidence:

Hearing Date:

Result of Hearing:

Nurse Aide Rebuttal:

TN No. 92-08
Supersedes
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